

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 8  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 33.54	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46631
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 18191.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 174.44	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46635
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 18417.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	207.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 504 SHAW RD SUITE 206		Amount 18.06	
City STERLING	State VA	Zip Code 20166	Transaction ID : SE.46639
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18166.24	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 31.59	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46632
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18222.70	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 164.28	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46636
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18581.58	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 17.00	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46640
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18183.24	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	181.28
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 19 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 5.94	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46633
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18228.64	

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 30.92	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46637
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18612.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.86
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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09 / 19 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 05 / 17 / 2016

Full Name of Payee <b>DSSI</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 3.20
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Transaction ID : SE.46641 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
18186.44		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 20.31
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Transaction ID : SE.20848 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
18157.57		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.51
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 19 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 105.60	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.20849
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18242.86	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 10.93	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.20850
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		18148.18	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 19 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 05 / 17 / 2016

Full Name of Payee <b>LEGACY LIST MANAGEMENT INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 11.96
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Transaction ID : SE.46634 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		18240.60

Full Name of Payee <b>LEGACY LIST MANAGEMENT INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 62.17
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Transaction ID : SE.46638 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2016
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		18674.67

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 8  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2016	

Full Name of Payee <b>LEGACY LIST MANAGEMENT INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 6.43	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.46642
Purpose of Expenditure VOTER MAIL	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 18192.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6.43
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	696.37

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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